



PART B - FEE(S) TRANSMITTAL

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27752 7590 09/24/2009 THE PROCTER & GAMBLE COMPANY Global Legal Department - IP Sycamore Building - 4th Floor 299 East Sixth Street CINCINNATI, OH 45202

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Deborah A. Vaudo (Depositor's name) Deborah A. Vaudo (Signature) October 8, 2009 (Date)

10/08/2009 RMEBRAH1 00000123 162480 10774780

Table with 4 columns: APPL. NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO. Row 1: 01 FC:1504, 1510.00 DA, Gregory D. Aviza, 8144Z-3603, 8854. Row 2: 02 FC:1504, 300.00 DA, Gregory D. Aviza, 8144Z-3603, 8854.

TITLE OF INVENTION: SHAVING RAZORS, AND BLADE SUBASSEMBLIES THEREFOR AND METHODS OF MANUFACTURE

10/09/2009 RMEBRAH1 00000062 162480 10774780

Table with 5 columns: APPL. TYPE, SMALL ENTITY, ISSUE FEE DUE, PUBLICATION FEE DUE, PREV. PAID ISSUE FEE, TOTAL FEE(S) DUE, DATE DUE. Row 1: nonprovisional, NO, \$1510, \$300, \$0, \$1810, 12/24/2009.

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS. Row 1: PETERSON, KENNETH E, 3724, 083-013000.

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: The Gillette Company (B) RESIDENCE: (CITY and STATE OR COUNTRY) Boston, MA 02199 USA

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] Individual [X] Corporation or other private group entity [ ] Government

4a. The following fee(s) are submitted: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [X] Advance Order - # of Copies 3 4b. Payment of Fee(s): [ ] A check is enclosed. [ ] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) [ ] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [ ] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: [Signature] Date: October 8, 2009 Typed or printed name: Joanne N. Pappas Registration No.: 40,117

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